4. ☐ Although an injury took place, the employee is not disabled as a result of this injury within the meaning of the Workmen's Compensation Act.

5. ☐ The employee did not give notice of his/her injury or disease to the employer within 120 days within the meaning of Sections 311-313 of the Workmen's Compensation Act.

6. ☒ Other good cause. Please explain fully. Failure to obtain medical confirmation of the injury will not be considered good cause to deny benefits if caused by dilatory conduct of insurance carrier or employer.

The current information does not establish that your current condition was the result of your work acctivities on 2/28/96.

If it is alleged that physicians' reports were requested and not received, please give the date(s) that they were requested

_____. Attach a copy of request(s) for release(s).

INSURER/SELF-INSURER'S NAME AND BUREAU CODE

Consolidated Freightways / 721

SIGNATURE

Laura L. Gaskill

TELEPHONE NUMBER

(503)499-2104

EXHIBIT

30

37a

LIBC-496 REV 5-91

NOTICE OF WORKERS' COMPENSATION DENIAL

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501

This notice of employer/insurer intent to deny the claimant's right to workers' compensation benefits must be sent to the employee or dependant not later than 21 days of employer's notice or knowledge of employee's disability or death with a copy to be filed with the Department of Labor and Industry, Bureau of Workers' Compensation at the above address. Failure to comply may result in the imposition of penalties.

EMPLOYEE'S NAME
Steven Smith

STREET ADDRESS
843 Lindenwood Drive

CITY/TOWN | STATE | ZIP CODE
Pittsburgh | PA | 15234

EMPLOYEE'S SOCIAL SECURITY NUMBER
1 9 2 — 2 8 — 2 9 6 4

DATE OF INJURY (month - day - year)
0 2 — 2 8 — 9 6

EMPLOYER
Consolidated Freightways

STREET ADDRESS
73 Mc Candless Avenue

CITY/TOWN | STATE | ZIP CODE
Pittsburgh, | PA | 15201

EMPLOYER/INSURER CLAIM NUMBER

DATE OF THIS NOTICE (month - day - year)
0 5 — 0 6 — 9 6

The employer/insurer declines to pay workers' compensation benefits to claimant because:

1. ☐ The employee did not suffer a work-related injury. The definition of injury also includes aggravation of pre-existing condition, or disease contracted as a result of employment.
2. ☐ The injury was not within the scope of employment.
3. ☐ The employee was not employed by the defendant.

2. If occupational disease, the last date of employment and/or last date of exposure 2/28/96

3. How did the injury or disease happen? Company loaded three boxes of Trichloroethane, of which one box was damaged. I came in contact with the chemicals unknowingly thus causing the present health situation.

87

4. When did it happen? (Give date of injury or onset of disease) 2/28/96 (month - day - year)

5. Where did it happen? Unloading company trailer Was it on employer's premises? ☐ Yes ☒ No

6. Notice of my injury or disease was served on my employer on 2/29/96 (date) in the following manner: Filled out accident report

7. What was your job title at time of injury or disease? Driver

8. Were you working for more than one employer at the time of your injury? ☐ Yes ☒ No

If Yes, name of additional employer(s): —

35 b

9. When, if ever, did this problem cause you to stop working? (give date) 4/12/96

LIBC-362 REV 5-91

CLAIM PETITION FOR WORKERS' COMPENSATION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501

EMPLOYEE
Steven Smith

STREET ADDRESS
843 Lindenwood Drive

COUNTY/CITY/TOWN
Pittsburgh

STATE ZIP CODE
PA. 15234

TELEPHONE NUMBER
412 343-7454

SOCIAL SECURITY NUMBER
192-28-2964

DATE OF INJURY (month - day - year)
02-28-96

88

VS.

DEFENDANT EMPLOYER
Consolidated Freightways

STREET ADDRESS
73 McCandless Avenue

CITY/TOWN
Pittsburgh

STATE ZIP CODE
PA 15201

WORKERS' COMPENSATION INSURANCE CARRIER
(or adjusting company if self-insured)
Self-insured

STREET ADDRESS

CITY/TOWN STATE ZIP CODE

1. Complete description of injury or illness; including all parts of body affected. Exposed to unknown leaking poison which caused shortness of breath, irritated throat, sour taste in mouth, toxic brochitis, and lingering cough.

15. Is there other pending litigation in this case? ☐ Yes ☒ No

If Yes, explain: _____

A copy of this petition has been sent to the employer.

EMPLOYEE'S SIGNATURE

ATTORNEY NAME

ATTORNEY SIGNATURE

STREET ADDRESS

CITY/TOWN STATE ZIP CODE

TELEPHONE NUMBER

( ) _____

8

366

NOTICE: This Petition must be filled out as fully as possible. The original and five copies, either typed or printed, must be sent to the Bureau of Workers' Compensation, 1171 South Cameron Street, Room 103, Harrisburg, PA 17104-2501. A sixth copy must be sent by you to the employer. Information on the completion of this form may be obtained by calling the Bureau of Workers' Compensation at 800-482-2383

10. Are you back to work wi' 'he same employer? ☐ Yes ☒

If Yes, ☐ Regular Job ☐ Other Job (title) _____

11. Are you working with another employer? ☐ Yes ☒ No

If Yes, give name and address of employer: _____

_____

12. What were your wages at the time of the injury? (by hour, day or week) ~~$ 17.72 per hour~~

13. If you have returned to work since your injury or illness, are you earning ☐ more ☐ same ☐ less than you were at the time of Injury? Current earnings? Have not returned to work per _____.

14. I am seeking (check one or more and explain below):

☒ Payment for loss of wages.

☐ Partial disability from _____ (date) to _____ (date).

☒ Full disability from ~~4/12/96~~ (date) to ~~????~~ (date).

☒ Payment of medical bills (give name of doctor/hospital, address, type of treatment and bill below).

☒ Counsel fees to be paid by employer.

☐ Loss or loss of use of arm, hand, finger, leg, foot or toe.

☐ Disfigurement (scars) of head, face or neck.

☐ Additional compensation from the Second Injury Fund (due to existence of prior handicap).

☐ Loss of sight or hearing.

Explain: All bills ... as a result of this injury until I am made whole.

In answer to the captioned claim, the Defendant respectfully pleads as follows:

1. Denied. It is specifically denied that the Claimant was exposed to an unknown leaking poison which caused shortness of breath, irritated throat, sour taste in mouth, toxic bronchitis and lingering cough and strict proof of these allegations is demanded.

2. Denied. It is specifically denied that the Claimant's work activities on 2/28/96 caused any work-related injury or occupational disease and strict proof of these allegations is demanded.

3. Denied. It is specifically denied that the company loaded three boxes of Trichloroethane, of which one box was damaged, and that the Claimant came into contact with chemicals unknowingly, which caused his current health problems, if any, and strict proof of these allegations is demanded.

4. Denied. It is specifically denied that the Claimant's work activites on 2/28/96 caused any work-related injury or occupational disease and strict proof of these allegations is demanded.

5. Denied. It is specifically denied that the Claimant sustained a work-related injury or developed an occupational disease as a result of unloading a company trailer on 2/28/96 and strict proof of these allegations is demanded.

CONTINUED ON ATTACHED SHEET

EXHIBIT

3A

3A 9

4 4 6

UBC-374 REV-11-93

RECEIVED
JUL 08 1996

DEFENDANT'S ANSWER TO EMPLOYEE CLAIM PETITION UNDER PENNSYLVANIA WORKERS' COMPENSATION ACT

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501

EMPLOYEE
Steven Smith

SOCIAL SECURITY NUMBER
192-28-2964

CLAIMANT IF OTHER THAN EMPLOYEE

STREET ADDRESS
843 Lindenwood Drive

CITY/TOWN
Pittsburgh

STATE
PA

ZIP CODE
15234

DATE
July 3 19 96

VS.

DEFENDANT EMPLOYER
Consolidated Freightways

STREET ADDRESS
73 McCandless Avenue

CITY/TOWN
Pittsburgh

STATE
PA

ZIP CODE
15201

INSURANCE CARRIER AND/OR ADJUSTING COMPANY
Consolidated Freightways

STREET ADDRESS
P.O. Box 4670

CITY/TOWN
Portland

STATE
OR

ZIP CODE
97208

92

TO YOUR HONORABLE JUDGE:

Answers must be identified by numerical order in direct response to corresponding numbered allegations on claim petition.

In answer to the aforesaid claim the Defendant [illegible]

Lori Adamcik Kariss, Esquire

Lori Adamcik Kariss

ADDRESS

1323 North Front Street

Harrisburg, PA 17102

TELEPHONE NUMBER

(717) 236-7300

NOTICE: This answer should be filed in a typed or printed original and three copies directly with the office of the Judge to whom the matter is assigned. Answers must be filed within 15 days. Every fact alleged in the claim petition not specifically denied by this answer shall be deemed to be admitted.

93

As a matter of further defense, the Defendant states the following:

1. Claimant has failed to state a claim upon which relief can be granted.
2. Claimant did not sustain an injury during the course and scope of his employment.
3. Claimant did not develop an occupational disease as a result of work-related activitie
4. Claimant's alleged illness or disease is not a work-related condition.
5. Claimant's alleged illness or disease is due to a pre-existing, non-work related condition.
6. Defendant reserves the right to amend its New Matter upon receipt of additional information.

WHEREFORE, the Defendant requests that the claim petition be dismissed or in the alternative disallowed.

NAME (typed)

Lori Adamcik Kariss, Esquire

SIGNATURE

Lori Adamcik Kariss

Please enter my appearance for the Defendant:

ATTORNEY NAME

ATTORNEY SIGNATURE

set forth below. A copy of the Referee's decision is attached.

Findings of Fact Nos. 14 and 16

The Workers' Compensation Judge found that the claimant was exposed to a toxic substance. However, she made no finding with regard to the medical treatment undertaken by the claimant.

I hereby appeal from the decision of ~~Referee~~ Judge Kathleen Vallely and specify the following errors of law committed by the said Referee, and the reasons why the decision does not conform to the provisions of the Workmen's Compensation Act or the Occupational Disease Act. A copy of the Referee's decision is attached.

Conclusions of Law No. 2

The Workers' Compensation Judge found that the claimant suffered no "disability" as a result of his exposure to a toxic substance. However, she did not address the issue of medical treatment related to this exposure.

Please enter my appearance for appellant:

Gary D. Ludin, Esquire
Name

1302 Grant Building
Address

Pittsburgh, PA 15219
City, State & Zip Code

Steven Smith, Claimant
Name of party taking appeal
(Claimant or Defendant)

COPY OF REFEREE'S DECISION IS ATTACHED!

PROOF OF SERVICE MUST BE FILLED OUT ON THE SECOND PAGE!!

APPEAL SHOULD BE FILED IN AN ORIGINAL AND FOUR (4) COPIES!!!

A97-4601

UCB-25/26 REV 3-90

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
WORKMEN'S COMPENSATION APPEAL BOARD
1171 S. CAMERON STREET, ROOM 305
HARRISBURG, PA 17104-2511

APPEAL FROM REFEREE'S FINDINGS OF FACT AND CONCLUSIONS OF LAW

Steven Smith
Claimant

843 Lindenwood Drive
Address

Pittsburgh, PA 15234
City, State & Zip Code

vs.

Consolidated Freightways
Defendant

73 McCandless Avenue
Address

Pittsburgh PA 15201
City, State & Zip Code

Date: October 29, 1997

Petition Type: Claim

Circulation Date: 10/16/97

Social Security Number: 192-28-2964

Date of Injury: 2/28/96

Consolidated Freightways Corporation
Insurance Carrier of Delaware

P.O. Box 4670
Address

Portland, OR 97208
City, State & Zip Code

96

TO THE WORKMEN'S COMPENSATION APPEAL BOARD, HARRISBURG, PENNSYLVANIA:

I hereby appeal from the decision of ~~Referee~~ Judge Kathleen Vallely and allege the following findings of fact are in error and are not supported by substantial evidence, or contain other errors as specifically

TELEPHONE NUMBER

VS.

Consolidated Freightwaus
DEFENDANT-EMPLOYER

73 McCandless
STREET ADDRESS

Pittsburgh PA 15201
COUNTY/CITY/TOWN STATE ZIP CODE

Consolidated Freightwaus Corporation
INSURANCE CARRIER of Delawane
(or adjusting company if self-insured)

P.O. Box 4670
STREET ADDRESS

Portland OR 97208
COUNTY/CITY/TOWN STATE ZIP CODE

TO YOUR HONORABLE JUDGE:

Employer/Employee Steven Smith as of 4/12/96
(MONTH-DAY-YEAR)

requests the Workers' Compensation Judge order the above action for the following reason(s):

The Workers' Compensation Judge found that the claimant was exposed to a toxic substance. However, while she found that no "disability" resulted, she made no finding with regard to the medical bills incurred as a result of the exposure. Therefore, claimant seeks a review of the Workers' Compensation Judge's decision on the issue of medical treatment.

(OVER)

97

LIBC-378 REV 8-96

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501

PETITION TO

CL# (BUREAU USE ONLY)

- [X] Review Medical Treatment and/or Billing
- [ ] Terminate Compensation Benefits (Stop Payment of Workers' Compensation)
- [ ] Terminate Compensation: Based Upon Physician's Affidavit, a Special Supersedeas Hearing to be Scheduled
- [ ] Modify Compensation Benefits (Reduce/Increase Amount of Workers' Compensation)
- [ ] Suspend Compensation Benefits
- [ ] Review Compensation Benefits (Ask Judge to Review Agreement/Notice For Mistake)
- [ ] Reinstate Compensation Benefits
- [ ] Set Aside Final Receipt (Ask Judge to Set Aside Agreement to Stop Compensation)
- [ ] Seek Approval of a Compromise and Release Agreement (Ask Judge to Approve Settlement)

98

This petition is filed on behalf of: [X] Employee or [ ] Employer/Insurer

Steven Smith
EMPLOYEE

843 Lindenwood Drive
STREET ADDRESS
(Use same address as shown on last workers' compensation check)

Pittsburgh — PA — 15234
COUNTY/CITY/TOWN — STATE — ZIP CODE

(412) 343-7454

SOCIAL SECURITY NUMBER

1 9 2 – 2 8 – 2 9 6 4

DATE OF INJURY (Month-Day-Year)

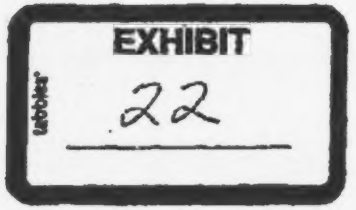
0 2 – 2 8 – 9 6

Pittsburgh, PA 15219

COUNSEL FOR EMPLOYER: KEVIN C. COTTONE, ESQUIRE
Marshall & Farrell, P.C.
1323 North Front Street
Harrisburg, PA 17102

99

REPORTER: JULIETTE HOFFMAN



11 C

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
PITTSBURGH

* * * * * * * * * *

STEVEN SMITH, *
Claimant * S.S. # 192-28-2964
*
VS. * WCOD
*
CONSOLIDATED FREIGHTWAYS, *
Employer *

* * * * * * * * * *

Before: Kathleen Vallely
Workers' Compensation Judge

Hearing: July 25, 1996

Fourth Floor
933 Penn Avenue
Pittsburgh, PA 15222-3813

* * * * * * * * * *

COUNSEL FOR CLAIMANT: GARY LUDIN, ESQUIRE
1302 Grant Building

100

minutes to a half hour later, I went to my first stop at C & C Lumber in Tarrs.

At that point, I backed into the stock at C & C Lumber in Tarrs. And you back into a door depending on what project the place is in the yard. If you have lumber, you go to one place. And you have building materials, then you go to another place. And if you have building supplies you come in the gate, the first gate. You make a left hand turn. You back into these old big garage doors. There is no dock there. You just back up. There's no dock there. Unless you take

101

12a

equipment out. I checked my first stop. And it was a bathtub loaded on top of three crates. It was like a jacuzzi tub. It was banded to a pallet. It was loaded on top of three crates.

And then I looked to see where the other stop was. The next stop was West Penn Power, which the jacuzzi bathtub was stacked on. There was boxes for West Penn Power to the right of the three crates. And after I checked it out. I got my bills. And I had a hazardous material. And I put that bill on the top of the shipment freight, and I went and looked up.

And I left the terminal. About maybe 20

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high. And when I got to C & C Lumber in Falls, the guy has an electric jack that they go to the warehouse on. You see them, they have like legs. The things goes up. Have you been in a warehouse, where they have those tow motors that go way up? So when I got to C & C Lumber, I went inside the trailer because I had to push the tub back here (indicating). So I had to go back and push the tub forward because the man's pallet didn't come up to the pallet.

103

COURT REPORTER:

Can you go a little slower?

·PITTSBURGH,PA ·CLEARFIELD, PA ·BELLEFONTE, PA ·ERIE, PA ·OIL CITY, PA ·HARRISBURG, PA
SARA ANN SARGENT
COURT REPORTING SERVICE
210 Main Street
Johnstown, PA 15901
(814) 536-8908
·INDIANA, PA ·GREENSBURG, PA ·PHILADELPHIA, PA ·SOMERSET, PA ·WILKES-BARRE, PA ·CHARLESTON, WV

the finish window, that is in the back. Everything has to be round up. That particular day, the bath tub was loaded on top of the three crates, like the crates were about this high (indicating), and the bath was about this high (indicating).

Q. Okay. That doesn't show on the transcript. You're pointing over your head. So what are you, about five feet nine inches?

A. Yeah.

Q. So it would be over six feet tall?

A. Yeah. The crates are about --- they were sitting on the other pallets. It was up there

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like a slight grader there. And what we had to do was to bring the tub back to catch it and then pull this thing out of the thing. And I was there pushing and trying to get off the top of the wood. It's like a hundred and some pounds. There is no position to get any, you know, mechanical lift. I was just like fighting the thing.

And we finally got it to the back of the truck. And he took it off and I left there. And I wasn't feeling --- I didn't know why --- I don't know what it was. I was lightheaded. I strained myself. I left there, and I got the

105

14a

A. I'm sorry. Where do you want to start with?

COURT REPORTER:

To push the tub forward.

A. I had to go back and push the tub forward. It was sitting on the crates because it was like sticking it in there. And there was a smell in the truck like an acrylic smell which I thought was the bathtub. Because when you have like new products or something, it has that odor to it, the newness odor.

And the man that came with the tow motor and the blades wouldn't fit the pallet, because you could only go up so high. There was

So I always check to see if the things are compatible, and I always check to see if I have to have the trailer placard, because lots of times in the morning --- under CDL under hazardous materials, you're responsible. Once --- no matter what mistake is made my management or another union employee, you're responsible for that trailer once you leave the yard with it.

107

JUDGE VALLELY:

Okay. What's CDL?

A. That's the Commercial Driver's License.

JUDGE VALLELY:

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bill signed. And I went down to West Penn Power. And that was where the three crates were for and the tree cartons to the right of the crates.

Q. Let me interrupt you. You mentioned something about a bill that had hazardous material on it?

A. When you leave in the morning, you always check your paperwork, because I've already come in the morning where they've had poison loaded with food stuff. And you have to correct it. Because once you leave the street, when you leave the terminal, anything on that truck that's improper is the driver's responsible. That's the CDL law.

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A placard. A sign. That's all I wanted to know.

A. So that morning I saw the X there and then you look at the quantity. And the quantity was about --- I don't know what the exact quantity of the bill was. That's another thing that you're responsible for because they always check all the bills routes of the placards If you do get caught, if I was --- like if you're loading my truck with a poisonous material and food stuff, and I go out on the street, and I don't catch that mistake, the points come against me as a driver.

109

16a

Commercial Driver's License.

A. Commercial Driver's License.

JUDGE VALLELY:

And you said placard, what do you mean when you have to have a placard?

A. It's like saying you have ---.

JUDGE VALLELY:

A sealant.

A. --- if you have flammables or corrosives or dangerous --- say you have a thousand pounds of flammable and 500 pounds of corrosive, you'd put a dangerous placard, you'd put a flammable placard.

JUDGE VALLELY:

--- that's all

110

Finally, I will direct your attention to Patel v. WCAB (Saquoit Fibers Company), 520 A.2d 525 (Pa. Cmwlth. 1987). The Patel case provides for assessment of costs and attorneys' fees under identical facts. I am writing this as a professional courtesy in order to avoid having to resort to the above-referenced remedies. Thank you for your attention in this matter.

Very truly yours,

Michael A. Farrell

Michael A. Farrell

MAF/sas
cc: Ken Hector, CNF Adtech Center
John Mogck, Sedgwick

Sincerely,

Sam Stancato

Sam Stancato
Consolidated Freightways

21

73 MCCANDLESS AVENUE, PITTSBURGH, PA 15201 (412) 782-0471 (412) 782-3346 FAX

CONSOLIDATED FREIGHTWAYS

Date: March 8, 2001

Occupational Safety and Health Administration
Federal Building-- Room 1428
1000 Liberty Avenue
Pittsburgh, PA 15222

Certified Mail -- 7000 0600 0022 8483 1014

Re: Request for records, Steven Smith.

Mr. Szymanski,

Enclosed you will find the records you have requested in your letter of February 20th for the above mentioned former employee.

21. NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE)

22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES [ ] NO [ ] CHARGES:

23. A. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE 1, 2, 3, ETC. OR DX CODE

1. 994.9-EXPOSURE
2.
3.
4.

B. JUN 25 1996

EPSDT [ ] YES [ ] NO

FAMILY PLANNING [ ] YES [ ] NO

PRIOR AUTHORIZATION NO.

24. A. DATE OF SERVICE FROM	TO	B. PLACE OF SERVICE	C. FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN. PROCEDURE CODE (IDENTIFY)	(EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES)	D. DIAGNOSIS CODE	E. CHARGES	F. DAYS OR UNITS	G. T.O.S.	H. LEAVE BLANK
04/15/96		3	99284-25	EMER DEPT - EST PATIENT	1	161.00	1		
04/15/96		3	99203	INTERMEDIATE VISIT.	N 1	80.00	1		

25. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE(S) OR CREDENTIAL(S)) I CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART THEREOF)

JAMES J. FORTUNATO M.D.

DATE: 06/18/96

26. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) (SEE BACK) YES [ ] NO [X]

27. TOTAL CHARGE 241.00

28. AMOUNT PAID 0.00

29. BALANCE DUE 241.00

30. YOUR SOCIAL SECURITY NO.

31. PHYSICIAN'S SUPPLIER'S AND/OR GROUP NAME, ADDRESS, ZIP CODE AND TELEPHONE NO.

H.A.P.P.I.
4221 PENN AVENUE, SUITE 502
PITTSBURGH, PA 15224
(412) 622-4448

32. YOUR PATIENT'S ACCOUNT NO.

149600*1*3

33. YOUR EMPLOYER I.D. NO.

251471756

I.D. NO.

* PLACE OF SERVICE AND TYPE OF SERVICE (T.O.S.) CODES ON THE BACK

REMARKS: P= Not 45 Days.

APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 6/83

Form HCFA-1500 (1-84) (C-2) Form OWCP-1500
Form CHAMPUS-501

23

[redacted]

[ ] MEDICARE (MEDICARE NO.)	[ ] MEDICAID (MEDICAID NO.)	[ ] CHAMPUS (SPONSOR'S SSN)	[ ] CHAMPVA (VA FILE NO.)	[ ] FECA BLACK LUNG (SSN)	[X] OTHER (CERTIFICATE SSN)

FORM APPROVED OMB NO. 0938-0008

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) SMITH, STEVEN	2. PATIENT'S DATE OF BIRTH 01 28 37	3. INSURED'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) CF MOTOR FREIGHT
4. PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE) 843 LINDENWOOD DR PITTSBURGH, PA 15234 TELEPHONE NO. (412) 343-7454	5. PATIENT'S SEX MALE [X] FEMALE [ ]	9. INSURED'S I.D. NO. (FOR PROGRAM CHECKED ABOVE, INCLUDE ALL LETTERS) 192282964
	7. PATIENT'S RELATIONSHIP TO INSURED SELF [X] SPOUSE [ ] CHILD [ ] OTHER [ ]	8. INSURED'S GROUP NO. (OR GROUP NAME OR FECA CLAIM NO.) [ ] INSURED IS EMPLOYED AND COVERED BY EMPLOYER HEALTH PLAN
9. OTHER HEALTH INSURANCE COVERAGE (ENTER NAME OF POLICYHOLDER AND PLAN NAME AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER)	10. WAS CONDITION RELATED TO: A. PATIENT'S EMPLOYMENT YES [X] NO [ ] B. ACCIDENT AUTO [ ] OTHER [ ]	11. INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE) 73 MC CANDLESS AVENUE PITTSBURGH, PA 15201 TELEPHONE NO. (412) 782-0471 11a. CHAMPUS SPONSOR'S: STATUS [ ] ACTIVE DUTY [ ] DECEASED [ ] RETIRED BRANCH OF SERVICE
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING) I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. I ALSO REQUEST PAYMENT OF GOVERNMENT BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW. SIGNED SIGNATURE ON FILE DATE 06/18/96		13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW. SIGNATURE ON FILE SIGNED (INSURED OR AUTHORIZED PERSON)

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF:	ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)	15. DATE FIRST CONSULTED YOU FOR THIS CONDITION	16. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY, GIVE DATES	16a. IF EMERGENCY CHECK HERE [ ]
17. DATE PATIENT ABLE TO RETURN TO WORK	18. DATES OF TOTAL DISABILITY FROM THROUGH		DATES OF PARTIAL DISABILITY FROM THROUGH	
17a. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	17b. I.D. NO.		19. RESERVED FOR LOCAL USE	20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITAL DATES

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? ☐ YES ☐ NO — $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)
1. 987.9
2. 786.09
3.
4.

22. MEDICAID RESUBMISSION CODE — ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24 A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E DIAGNOSIS CODE	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
05 06 96		11		99214		1-2	45 00	1				

25. FEDERAL TAX I.D. NUMBER: 25-1514952 — SSN ☐ EIN ☒

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☐ YES ☐ NO

28. TOTAL CHARGE $ 45 00

29. AMOUNT PAID $ 000

30. BALANCE DUE $ 45 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
(I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED Norman J. Frey III, D.O. DATE 5/8/96

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
Norman J. Frey, III, D.O.
3 Boggs Avenue
Pittsburgh, PA 15211
PIN# 4123814200

25

790-0128 (12/90) (OCR) 1 pt.

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 6 88)

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90)
FORM OWCP-1500 FORM RRB-1500

PLEASE DO NOT STAPLE IN THIS AREA

[redacted]

PICA

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE (Medicare #)	MEDICAID (Medicaid #)	CHAMPUS (Sponsor's SSN)	CHAMPVA (VA File #)	GROUP HEALTH PLAN (SSN or ID)	FECA BLK LUNG (SSN)	OTHER (ID)	1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)
					X		192-28-2964

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SMITH, STEVEN	3. PATIENT'S BIRTH DATE MM DD YY 04 28 37 SEX M X F	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street) 843 LINDENWOOD DRIVE	6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other	7. INSURED'S ADDRESS (No., Street)
CITY: PITTSBURGH — STATE: PA	8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student	CITY — STATE
ZIP CODE: 15234 — TELEPHONE (Include Area Code): (412) 3437454		ZIP CODE — TELEPHONE (INCLUDE AREA CODE) ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) same	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (CURRENT OR PREVIOUS) X YES NO	a. INSURED'S DATE OF BIRTH MM DD YY SEX M F
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F	b. AUTO ACCIDENT? PLACE (State) YES X NO	b. EMPLOYER'S NAME OR SCHOOL NAME
c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT? YES X NO	c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED X [signature] DATE 5-6-96

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED X [signature]

14. DATE OF CURRENT: MM DD YY 02 28 96 — ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM — TO MM DD YY
17. I.D. NUMBER OF REFERRING PHYSICIAN		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY

OCCUPATION: [illegible] PHONE: [illegible]

If Pre-Placement, what company?

Postion Applied For:

INJURY

What did you injure? Date of injury: 2-28-

How did the injury occur? Exposed to person - unknown at time of Accident

Workers' Compensation Carrier [illegible]

Signature: [signature] Date: 4-15-96

EXHIBIT 6

MEDICAL INSURANCE

INSURANCE COMPANY NAME: SUBSCRIBER'S NAM

GROUP NUMBER: AGREEMENT NUMBER:

369

HAPPI PERSONAL DATA

TODAY'S DATE: 4-15-96

NAME: Smith Steven (Last) (First) (M) PHONE (home): 412 343-7454

PHONE (work): 782-0471

ADDRESS: 843 Lindenwood Drive

CITY: Pittsburgh STATE: PA ZIP: 15234

SOCIAL SECURITY NUMBER: 192 28 2964

BIRTHDATE: 4-28-37 SEX: Male MARITAL STATUS: (M) S D Sep

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EMPLOYER: C F Motor Freight Inc

ADDRESS: 73 McCandless CITY: Ppgh STATE: PA

ZIP: 15201

( ) No lifting over _____ lbs.
( ) No use of _____
( ) No prolonged standing for _____ hours
( ) No bending or stooping
( ) No use of motorized tools

3. ( ) Unfit for full/modified duty No heavy physical exertion

The following procedures were performed by me/my representative:

( ) Employer notified by phone

( ) Instructions given to call HAPPI office, 622-4448

Attending Physician Signature C J Davis

EXHIBIT 7

4221 PENN AVENUE PITTSBURGH, PENNSYLVANIA 15224 412/622-4448

ST. FRANCIS HEALTH SYSTEM

Health Assistance Program for Personnel in Industry (H.A.P.P.I.)

Health Assistance Program for Personnel in Industry
(Happi)

St. Francis Medical Center
Emergency Department
(412) 622-4266

Work Status Report

Name _____

Company _____

Date _____

I examined the above named patient in the Emergency Department and I found him/her to be:

1. ( ) Fit for Full Duty

2. ( ) Unfit for Full Duty, but fit for modified duty with the following restrictions.

X-Ray/Laboratory : E.R. 4/12: CHEST X-RAY, EKG & PULSE OXIMETRY

Treatment : CONTINUE MEDS AS PER E.R.
OBSERVATION - REPORT TO E.R. IF ANY INCREASED PROBLEMS
PT TO F/U WITH OWN M.D., DR FREY -- OK'D PER CO.

Prognosis : EXAM: SKIN: WARM & DRY. GOOD COLOR. HEENT EXAM UNREMARKABLE.
CHEST: FULL & EQUAL EXPANSION. LUNGS CLEAR. NO SHORTNESS OF
BREATH NOW. NEURO INTACT. NECK, BACK & ABDOMEN: NORMAL.

Referral :
DR FREY/OWN M.D.

Beginning Disability : 4/15/96 Ending Disability : INDEFINITE

Expected RTW Date : OFF WORK

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Full Duty
Modified Duty; List Restrictions:
**DR FORTUNATO DISCUSSED CASE
WITH SAM STANCATO AT CO. --
OK FOR PT TO SEE OWN M.D.

Next Appointment Date :

Physician's Signature : _____
JAMES J. FORTUNATO M.D.

V1H.A.P.P.I.V0
4221 PENN AVENUE, SUITE 502

PITTSBURGH, PA 15224

04/16/96

INITIAL EVALUATION

PATIENT

SMITH, STEVEN
843 LINDENWOOD DR
PITTSBURGH, PA 15234
(412) 343-7454
S.S.N.# : 192-28-2964
D.O.B. : 04/28/37
D.O.I. : 02/28/96
Occupat.: DRIVER

EMPLOYER

CF MOTOR FREIGHT
73 MC CANDLESS AVENUE
PITTSBURGH, PA 15201
(412) 782-0471
Attn: FAYE BISHOP

Date of First Treatment: 04/12/96

History : PT STATES THAT HE WAS EXPOSED TO TRICHLOROETHYLENE FUMES AT WORK ON 2/28/96 & DID NOT REALIZE IT. HE WORKED UNTIL 3/14, THEN WENT ON VACATION 3/15 - 3/31, AND RETURNED TO WORK 4/1.

Physical Examination : HE NOTED SHORTNESS OF BREATH WITH EXERTION AFTER THE INCIDENT, AND AGAIN AFTER HE RETURNED FROM HIS VACATION. HE DID NOT MISS ANY WORK. BECAME CONCERNED. SAW SFMC E.R. 4/12/96.

Diagnosis :

HISTORY OF CHEMICAL EXPOSURE TO TRICHLOROETHYLENE

32

d) SPECIAL PROTECTIVE MEASURES

33

J Whitcomb MD. M.D.

EXHIBIT 8

34a

EAPPLIEd (Assistance Program for Personnel Industry)

EUGENE E. GINCHEREAU, M.D. - MD017832
RICHARD LIEDKE, M.D. - 0135472
JAMES J. FORTUNATO, M.D. - MD025892L
MARK WILSON, M.D. - 0005652

St. Francis Medical Center, John R. Arnold Medical Offices, 401 Penn Avenue, Suite 302, Pittsburgh, PA 15221, 412/622-4444
St. Francis Medical Office Building-North, Three St. Francis Way, Suite 101, Mars, PA 16046, 724/772-3400
St. Francis Central Hospital, 1200 Center Avenue, Pittsburgh, PA 15212, 412/562-1000

NAME Steven Smith DATE April 15 96

PATIENT ☐ MAY RETURN TO WORK
☑ MAY NOT RETURN TO WORK

☐ EFFECTIVE DATE till released by Dr Frey

☐ RESTRICTED ACTIVITIES _____

_____

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Company sent me to other doctor than mine — not responsible to pay this Bill

†O—Doctor's Office IH—Inpatient Hospital NH—Nursing Home
H—Patient's Home OH—Outpatient Hospital OL—Other Locations
*ICDA—International Classification of Diseases
**CPT—Current Procedural Terminology (current edition)

TOTAL CHARGES ▶ $
AMOUNT PAID ▶ $
BALANCE DUE ▶ $

EXHIBIT 5

4. DATE SYMPTOMS FIRST APPEARED OR ACCIDENT HAPPENED. 2/28/96

5. DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION 4/12/96

6. PATIENT EVER HAD SAME OR SIMILAR CONDITION? YES ☐ NO ☐ Unknown IF "YES" WHEN AND DESCRIBE
PATIENT HOSPITALIZED: FROM TO

7. PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION YES ☐ NO ☒
NAME AND ADDRESS OF HOSPITAL:

8. PATIENT WAS CONTINUOUSLY TOTALLY DISABLED (UNABLE TO WORK). FROM 4/15/96 THRU present

9. PATIENT WAS PARTIALLY DISABLED. FROM 4/12/96 THRU 4/15/96

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10. IF STILL DISABLED, DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK. To be determined by Dr. Frey

11. PATIENT WAS HOUSE CONFINED. FROM THRU

12. DOES PATIENT HAVE OTHER HEALTH COVERAGE? YES ☐ NO ☐ IF "YES" PLEASE IDENTIFY

13. I DO NOT ACCEPT ASSIGNMENT ☐ T.I.N. OR SOC. SEC. NO.

DATE	PHYSICIAN'S NAME (PRINT)	SIGNATURE	DEGREE	TELEPHONE
5/10/96	Dr. J.J. Fortunato	Dr. J.J. Fortunato	/md	622-4448

STREET ADDRESS	CITY OR TOWN	STATE OR PROVINCE	ZIP CODE
4221 Penn Ave., #502	Pittsburgh,	PA	15224

Approved by Council on Medical Service, AMA 12-94

35a

Premier 622 637-0 (5)

TO BE COMPLETED BY EMPLOYEE

Spaced for Typewriter — Marks for Tabulator Appear on this Line

PATIENT'S NAME AND ADDRESS: Steven Swift | TELEPHONE NO.: 343-7454

EMPLOYEE'S NAME IF PATIENT IS A DEPENDENT

NAME OF PREVIOUS EMPLOYER

ADDRESS | NO. AND STREET | CITY | STATE

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I hereby authorize payment directly to the undersigned Physician of the Surgical and/or Medical Benefits, if any, otherwise payable to me for his services as described below but not to exceed the reasonable and customary charge for those services.

SIGNED (EMPLOYEE) Steven Swift DATE 4-5-10-96

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the undersigned Physician to release any information acquired in the course of my examination or treatment.

SIGNED (PATIENT, OR PARENT IF MINOR)

DATE

ATTENDING PHYSICIAN'S STATEMENT

1. DIAGNOSIS AND CONCURRENT CONDITIONS
(IF DIAGNOSIS CODE OTHER THAN ICDA* USED, GIVE NAME):
History of Chemical Exposure - Trichloroethylene

2. IS CONDITION DUE TO INJURY OR SICKNESS ARISING OUT OF PATIENT'S EMPLOYMENT? YES [X] NO [ ]
PREGNANCY? YES [ ] NO [ ]
IF YES, APPROXIMATE DATE PREGNANCY COMMENCED. DATE

3. REPORT OF SERVICES (OR ATTACH ITEMIZED BILL) (IF PREVIOUS FORM SUBMITTED TO THIS CARRIER, YOU NEED SHOW ONLY DATES AND SERVICES SINCE LAST REPORT)

DATE OF SERVICES	PLACE OF SERVICES†	DESCRIPTION OF SURGICAL OR MEDICAL SERVICES RENDERED	PROCEDURE CODE — IF USED (IF CODE OTHER THAN CPT* USED, GIVE NAME)	CHARGES
4/12/96	E.R.	~~Chest~~ xray, EKG, Pulse Oximetry		
4/15/96	O	Exam		

DIOXANE

CAS: 123-91-1 | 1987 TLV = 25 ppm; skin

$C_4H_8O_2$

Synonyms: 1,4–Diethylene dioxide; diethylene ether; 1,4–dioxacyclohexane; 1,4–dioxane; *p*-dioxane; dioxyethylene ether

Physical Form. Flammable liquid

Uses. Solvent; stabilizer in chlorinated solvents

Exposure. Inhalation; skin absorption

Toxicology. Dioxane is an irritant of the eyes and mucous membranes; on prolonged exposure, it is toxic to the liver and kidneys. It is carcinogenic in experimental animals.

Human volunteers exposed for 15 minutes to 300 ppm reported mild transient irritation of the eyes, nose, and throat.[1] Exposure to 1600 ppm for 10 minutes caused immediate burning of the eyes with lacrimation, and, at 5,500 ppm for 1 minute, slight vertigo was also noted.[2] Five deaths due to heavy exposure for 5 weeks have been re-

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2. von Oettingen WF: The Aromatic Amino and Nitro Compounds, Their Toxicity and Potential Dangers, US Public Health Service Bulletin No 271, pp 108–111. Washington, DC, US Government Printing Office, 1941
3. Chemical Safety Data Sheet SD–93, Dinitrotoluenes, pp 5–6, 14–15. Washington, DC, MCA, Inc, 1966
4. Linch AL: Biological monitoring for industrial exposure to cyanogenic aromatic nitro and amino compounds. Am Ind Hyg Assoc J 35:426–432, 1974
5. Rieder RF: Methemoglobinemia and sulfhemoglobinemia. In Wyngaarden JB, Smith LH (eds): Cecil Textbook of Medicine, 16th ed, p 896. Philadelphia, WB Saunders Co, 1982
6. Mangelsdorff AF: Treatment of methemoglobinemia. AMA Arch Ind Health 14:148–153, 1956

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bits.[6,8] No adverse effects were observed in rats exposed to 111 ppm 8 hours/day, 5 days/week for 2 years.[9]

The liquid applied to rabbit and guinea pig skin was rapidly absorbed and produced signs of incoordination and narcosis. Repeated applications caused liver and kidney damage.[6] Instilled in a rabbit's eye, dioxane produced hyperemia and purulent conjunctivitis.[10]

High doses of dioxane by oral administration produced malignant tumors of the nasal cavity and liver in rats, and tumors of the liver and gallbladder in guinea pigs.[5,11] The carcinogenic risk has not been established for humans.[11]

Appl Pharmacol 30:287–298, 1974

10. von Oettingen WF, Jirouch EA: The pharmacology of ethylene glycol and some of its derivatives in relation to their chemical constitution and physical chemical properties. Pharmacol Exp Ther 42:355–372, 1931

11. IARC Monographs on the Evaluation of Carcinogenic Risk of Chemicals to Man, Cadmium, Nickel, Some Epoxides, Miscellaneous Industrial Chemicals and General Considerations on Volatile Anaesthetics, Vol 11, pp 203–253. Lyon, International Agency for Research on Cancer, 1976

ported.[3] Signs and symptoms of poisoning included epigastric pain, anorexia, and vomiting, followed by oliguria, anuria, coma, and death. At autopsy, there was liver necrosis, kidney damage, and edema of the lungs and brain. Another fatal case involved a 1-week exposure to levels ranging from 208 to 605 ppm and possibly higher with concurrent skin exposure.[4] Epigastric pain, increased blood pressure, convulsions, and unconsciousness preceded death. Studies of workers exposed at levels up to 24 ppm for periods of up to 50 years showed no increase in chronic disease, no excess total deaths, no excess cancer deaths, or common cause of death.[5]

Applied to human skin, dioxane causes dryness without other signs of irritation; hypersensitivity has been reported.[5]

In animal experiments, guinea pigs exposed to 30,000 ppm for 3 hours exhibited narcosis after 87 minutes and died within 2 days.[6] The LC_{50} for rats was 14,000 ppm for 4 hours.[7] Repeated exposure of several animal species to 1,000 ppm produced damage to kidneys and liver, and repeated inhalation of 800 ppm over 30 days resulted in fatal kid-

The warning properties are inade-
quate to prevent overexposure. Al-
though it has a low odor threshold (3-
6 ppm), dioxane is not unpleasant and
persons acclimatize within a few min-
utes.[5]

REFERENCES

1. Silverman L, Schulte HF, First MW: Furthe
studies on sensory response to certain indu
trial solvent vapors. J Ind Hyg Toxicol 28:262
266, 1946
2. Yant WP et al: Acute response of guinea pi
to vapors of some new commercial organi
compounds—VI. Dioxan. Pub Health Re
45:2023–2032, 1930
3. Barber H: Haemorrhagic nephritis and nec
sis of the liver from dioxane poisoning. Guy
Hosp Rep 84:267–280, 1934
4. Johnstone RT: Death due to dioxane? Arch In
Health 20:445–447, 1959
5. National Institute for Occupational Safety an
Health: Criteria for a Recommended Standar
. . . Occupational Exposure to Dioxan
DHEW (NIOSH) Pub No 77–226. Washingto
DC, US Government Printing Office, 1977
6. Fairley A et al: The toxicity to animals of
dioxane. J Hyg 34:486–501, 1934
7. Pozzani UC et al: The toxicologic basis
threshold limit values—5. Am Ind Hyg Asso
J 20:364–369, 1959
8. Smyth HF Jr: Improved communication—I
gienic standards for daily inhalation. Am I
Hyg Assoc J 17:129–185, 1956
9. Torkelson TR et al: 1,4–Dioxane—II. Resul

2. If occupational disease, give the last date of employment MONTH 4 DAY 12 YEAR 1996 and/or

last date of exposure MONTH 2 DAY 28 YEAR 1996.

3. Give date of injury or onset of disease MONTH 2 DAY 28 YEAR 1996.

4. How did the injury or disease happen? Company knew claimed shipment was loaded I was unknowingly exposed to asbestos and the company never gave me any warning or protective equipment. More information enclosed

5. Did injury or disease occur on employer's premises? Yes X No Where? (Be specific.)

I was injured on a Conway truck off Conway property

6. Notice of your injury or disease was served on your employer on MONTH 2 DAY 29 YEAR 1996 in the following manner:

7. What was your job title at the time of injury or disease?

Driver salesman

LIBC-362 REV 11-97

(OVER)

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501
(TOLL FREE) 800-482-2383

CLAIM PETITION FOR WORKERS' COMPENSATION

EMPLOYEE SOCIAL SECURITY NUMBER: 192-28-2964

DATE OF INJURY: 2 / 28 / 1996 (MONTH / DAY / YEAR)

PA BWC CLAIM NUMBER (IF KNOWN):

EMPLOYEE

First Name: STEVEN
Last Name: SMITH
If Deceased - Dependent or Guardian
First Name:
Last Name:
Address: 843 LINDENWOOD DR
Address:
City/Town: PITTSBURGH State: PA Zip: 15234
County: ALLEGHENY
Telephone: 412 343-7454

EMPLOYER

Name: Consolidated Freightways
Address:
Address:
City/Town: State: Zip:
County:
Telephone: FEIN:

VS.

INSURER or THIRD PARTY ADMINISTRATOR (if self insured)

Name: Consolidated Freightways
Address:
Address:
City/Town: State: Zip:
Telephone: Bureau Code:
County:
Claim #: FEIN:

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1. Complete description of injury or illness including all parts of body affected.

I injured my mucous membrane when I was unknowingly exposed to bacteria

Loss or loss of use of arm, hand, finger, leg, foot or toe.

Disfigurement (scars) of head, face, or neck.

Additional compensation from the Second Injury Fund (due to existence of prior physical disability).

Loss of sight.

Loss of hearing.

15. Other I developed a bitter taste in my mouth & still have ordeal

16. Is there other pending litigation in this case? Yes X No If Yes, explain below:

PLEASE ENTER MY APPEARANCE FOR PETITIONER:

Attorney Name

PA Attorney ID Number

Firm Name

Address

Address

City/Town State Zip Code

Telephone ( )

Date of Petition

9 24 2010
MONTH DAY YEAR

A copy of this petition has been sent to the employer.

Steven Smith

Signature

X Employee Attorney

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NOTICE: This Petition must be filled out as fully as possible. The original must be sent to the Bureau of Workers' Compensation, 1171 South Cameron Street, Room 103, Harrisburg, PA 17104-2501. A copy must be sent by you to the employer. Information on the completion of this form may be obtained by calling the Bureau of Workers' Compensation Helpline at 800-482-2383.

362 1197-2

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165.

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8. Were you working for more than one employer at the time of your injury? Yes ✓ No If Yes, list additional employers:

9. Did this problem cause you to stop working? ✓ Yes No If Yes, give date. MONTH 4 DAY 12 YEAR 1996

10. Are you back to work with the same employer? Yes ✓ No If Yes, Regular Job Other Job / Give title.

11. Are you working with another employer? Yes ✓ No If Yes, give name and address of new employer:

12. What were your wages at the time of injury? $ Hour Day or Week

13. If you have returned to work since your injury or illness, are you earning More Same Less than you were at the time of injury? Current earnings $ Hour Day or Week

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14. I am seeking payment for (check all that apply):

Loss of wages.

Partial disability from MONTH DAY YEAR to MONTH DAY YEAR

Full disability from MONTH DAY YEAR to MONTH DAY YEAR

✓ Medical bills (give name of doctor/hospital, address, type of treatment and bill in space below).

✓ Counsel fees to be paid by the employer.

was damaged loaded this illegal shipment without giving me any protective equipment and warning that is required by law. The management at Consolidated Freightways (CF) was told the shipment was damaged and management told the person who made management aware of the condition of the shipment to load the shipment.

My injuries could have been prevented but the management of CF ignored all government regulations pertaining to the transporting and handling of hazardous material (HM). When the shipment of HM was received at the Pittsburgh terminal, the company was required by law to put the damaged shipment into a recovery container and make sure the paper work was with the shipment. Instead of following government regulations, the management ignored the government regulations and treated the shipment as a normal shipment.

The fact that I had to touch this shipment without any warning and protection, I was injured.

CF filed false reports to cover up their violation of government regulations on how I was injured and withheld information I needed for treatment and refused to treat me. CF is a dishonest company that lied and I want new hearing.

Yours truly,
Steven Smith
412-343-7454

Steven Smith

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37b

Typed Transcript of Statement Handwritten and Mailed With Petition of Steven Smith dated 9-24-01 And Referred To In #4 On The Face of the Petition

4. Company knew damaged shipment was loaded. I was unknowingly exposed to poison and the company never gave me any warning or protective equipment.
More information enclosed.

(Steve Smith attached a two page handwritten statement referring to #4. on his petition).

Text of Steven Smith's Attached Statement

Consolidated Freightway's dishonesty gave them the advantage and they controlled the agenda with their lies. I never had a heart attack as they claimed. Continuation of part 4.

I developed a bitter taste in my mouth from the exposure and hurt my mucous membrane.

I was injured in the course of my employment and in furtherance of company business on 2-28-96 when I secured a damaged shipment of hazardous material and prevented a dangerous situation from becoming worse and injuring the citizens of Pennsylvania. I was not aware of the damaged and open cans of hazardous material when I picked up the carton.

Consolidated Freightways knowingly and willfully with the knowledge that the shipment [illegible] loaded this illegal shipment without giving me any protective equipment

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... my negligence would have
I picked up the Carton.

Consolidated Freightways knowingly and willfully with the knowledge that the shipment was damaged loaded this illegal shipment without wearing fire and protective equipment and wearing that is required by law. The management at Consolidated Freightways was told the shipment was damaged and management told the person who made management aware of the condition of the shipment to load the shipment.

My injuries could have been prevented but the management at Consolidated Freightways ignored all government regulations relating to the transporting and handling of Hazardous materials. When the shipment of hazardous

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Concealed threatening dishonesty gave them the advantage. and then Combated the agenda with there lies. I never had a heart attack as they claimed

Continued / Part 4/

I developed a bubble hasta in my mouth from the exposure and hurt my mucous membrane.

I was injured in the Course of my employment and in furtherance of Company business on 2-28-96 when I secured a damaged shipment of hazardous material and prevented a dangerous situation from becoming worse and injuring the Citizens of Pennsylvania! I was not aware of the damaged

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Consolidated Freightways is a declining Company that needs and deserves new leaders.

Yours truly,

Steven Smith

412-343-7455

Steven Smith
848 Lindenwood Dr.
Pittsburgh, PA 15234

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materials was received at the Pittsburgh terminal the company was required by law to seal the damaged shipment into a recovery container and make sure the proper words was with the shipment. instead of following government regulation the management ignored the government regulation and treated this shipment as a normal shipment.

the fact that I had to touch this shipment without any warning and protection I was injured.

Concealed filed false reports to cover up these violation of government regulation on how I was injured and with false information I needed for treatment and refused to treat me.

TO YOUR HONORABLE JUDGE:

In answer to the captioned claim, the Defendant respectfully pleads as follows: (Answers must be identified by numerical order in direct response to corresponding numbered allegations on claim petition.)

1. Denied. Proof demanded.

2. Denied. Claimant sustained a compensable work-related injury or occupational disease on or about April 12, 1996 or February 28, 1996. Proof demanded.

3. Denied. It is specifically denied that Claimant sustained a compensable injury or disease on or about April 28, 1996. Proof demanded.

4. Denied. It is denied Claimant sustained a compensable work-related injury by inhaling poison from a legal shipment of toxic material without any warning or protective equipment. Proof demanded.

5. Denied. It is denied that Claimant sustained a work-related injury while operating the Employer's trailer. Proof demanded.

6. Denied. It is specifically denied that Claimant provided notice of a compensable work-related injury to the Employer.

Continued on a Separate Page

NOTICE: This answer should be clearly completed (preferably typed) and original mailed directly to the office of the Judge to whom the case is assigned. Answers must be filed within 20 days. Every fact alleged in the claim petition not specifically denied by this answer shall be deemed to be admitted.

(OVER)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501
(TOLL FREE) 800-482-2383

DEFENDANT'S ANSWER TO CLAIM PETITION UNDER PENNSYLVANIA WORKERS' COMPENSATION ACT

Social Security Number: 192 - 28 - 2964

Date of Injury: 02 / 29 / 1996 (MM / DD / YYYY)

PA BWC Claim Number: 658011 (IF KNOWN)

Employee

First Name: Steven
Last Name: Smith
Street 1: 843 Lindenwood Drive
Street 2:
City/Town: Pittsburgh
State: PA
Zip Code: 15234 - 0000
County: Allegheny
Telephone: (412) 343 - 7454

Employer

Name: Consolidated Freightways
Street 1: 73 McCandless Road
Street 2:
City/Town: Pittsburgh
State: PA
Zip Code: 15201 -
County: Allegheny
Telephone: ( ) -
FEIN:

VS.

Insurer or Third Party Administrator (if self-insured)

Name: Constitution State Services Company
Street 1: 1105 Berkshire Boulevard
Street 2:
City/Town: Wyomissing
State: PA
Zip Code: 19610 -
Telephone: ( ) -
Bureau Code:
County:
Claim Number:
FEIN:

Steven Smith

Claimant,

V.

Consolidated Freightways

Defendant.

S.S. No. 192 28 2964

Date of Injury: 02/29/1996

DEFENDANT'S ANSWER TO CLAIM PETITION UNDER PENNSYLVANIA WORKERS' COMPENSATION ACT - Cont.

Defendant's Plea

Proof demanded.

7. Admitted.

8. Admitted.

9. Denied. Answering Defendant specifically denies Claimant sustained a compensable disability or loss of earnings as a result of the alleged injury on April 12, 1996 or anytime thereafter. Proof demanded.

10. Admitted.

11. Denied. Answering Defendant is without sufficient information to admit or deny whether Claimant is employed with a new Employer. Proof demanded.

12. Denied. Statement of Wages will be provided.

13. Denied.

14. Admitted in part. Denied in part. It is admitted Claimant is seeking relief including full disability from April 12, 1996 continuing, medical bills, counsel fees. Answering Defendant specifically denies Claimant is entitled to the requested relief. Proof demanded.

15. Denied. Proof demanded.

16. Admitted. This is the third Claim Petition Claimant has filed for the same injury including the same date of injury and same mechanism of injury. Claimant is seeking the same relief. Claimant has filed two Appeals through Workers' Compensation Appeal Board; one Appeal to the Commonwealth Court and has currently filed a Petition for Allowance of Appeal before the Pennsylvania Supreme Court.

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WHEREFORE, the Defendant requests that the claim petition be dismissed or in the alternative disallowed.

Defendant

First Name: Stephen R. Last Name: Harris, Esquire

Signature:

Date: 10 / 22 / 2004 (MM / DD / YYYY)

Attorney

Signature: Stephen R. Harris

Date: 10 / 22 / 2004 (MM / DD / YYYY)

PLEASE ENTER MY APPEARANCE FOR DEFENDANT:
Attorney

First Name: Stephen R. Last Name: Harris

Firm Name: FARRELL & RICCI, P.C.

Street 1: 4423 North Front Street

Street 2:

City/Town: Harrisburg State: PA Zip Code: 17110 -

Telephone: (717) 230 - 9201 PA Attorney ID Number: 85804

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Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165 of 1994.

As a matter of further defense, the Defendant states the following:

1. Claimant has failed to state a claim upon which relief can be granted.

2. The Claim Petition is barred. as untimely, pursuant to Section 315, which requires that a claim be filed within three years from the date of injury.

3. The current Claim Petition is barred the doctrines of res judicata and collateral estoppel because Claimant has filed two previous Petitions alleging the same date of injury, same mechanism of injury, and requesting the same relief. Those Petitions were previously litigated and the parties received final determination, in which it was found that Claimant did not sustain his burden of proof on the Claim Petition.

4. Answering Defendant hereby requests the imposition of reasonable attorney's fees and costs against Claimant and Claimant's attorney for filing a third frivolous claim. See Patel v. WCAB(Saquoit Fibers Company), 520 A.2d 525 (Pa. Cmwlth. 1987).

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general unsecured claim.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

☐ Real Estate

☐ Motor Vehicle

☐ Other_____

Value of collateral: $[ ]

Amount of arrearage and other charges at time case filed included in secured claim above, if any:

$[ ]

6. UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority: $[ ]

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to $4,650), earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier - 11 U.S.C.§ 507(a)(3)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)

☐ Up to $2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)

☐ Alimony, maintenance or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7)

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)_____

**Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

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7. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim claimant has deducted all amounts that claimant owes to the debtor.

8. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and an additional copy of this proof of claim.

THE ORIGINAL OF THIS COMPLETED PROOF OF CLAIM (PLUS ONE COPY OF THE SAME) MUST BE SENT BY MAIL OR HAND DELIVERY SO THAT IT IS ACTUALLY RECEIVED ON OR BEFORE 4:00 P.M. PREVAILING PACIFIC TIME ON FEBRUARY 7, 2003.

THIS SPACE FOR COURT USE ONLY

BY MAIL TO:

CONSOLIDATED FREIGHTWAYS
C/O POORMAN-DOUGLAS CORPORATION
P.O. BOX 872
RIVERSIDE, CA 92502

BY HAND OR OVERNIGHT DELIVERY TO:

CONSOLIDATED FREIGHTWAYS
OFFICE OF THE CLERK
U.S. BANKRUPTCY COURT
3420 TWELFTH STREET
RIVERSIDE, CA 92501

DATE SIGNED:	**SIGN** and print the name and title, if any, of the creditor or other person authorized to file this claim (attach power of attorney, if any).

F9451

Penalty for presenting fraudulent claim is a fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571.

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
RIVERSIDE DIVISION

PROOF OF CLAIM

Debtor Name:
CONSOLIDATED FREIGHTWAYS
CORPORATION OF DELAWARE

Case Number:
02-24284-MG

YOUR CLAIM IS SCHEDULED AS:

UNSECURED NON-PRIORITY
$0.00
CONTINGENT
UNLIQUIDATED
DISPUTED

SCH#1872 V#8133131117-000

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:

0224284 195981 J03027B12 S#0028146
ST SMITH
843 LINDENWOOD DR
PITTSBURG, PA 15234

Creditor Telephone Number ( ) -

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

If there is an amount shown, you have a claim scheduled as shown.
If you agree with the amount scheduled by the Debtor and have no other claim against the Debtor, you do not need to file this proof of claim except as stated below.

If the amount is shown as disputed, unliquidated or contingent, a proof of claim should be filed. If you have already filed a proof of claim with the Bankruptcy Court you need not file again.

CREDITOR TAX I.D. #:

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated: (mm/dd/yy)

1. BASIS FOR CLAIM

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)

Your social security number - -

Unpaid compensation for services performed from (mm/yy) to (mm/yy)

2. DATE DEBT WAS INCURRED: mm/dd/yyyy

3. IF COURT JUDGMENT, DATE OBTAINED: mm/dd/yy

4. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: $, , .

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below; otherwise your claim will be deemed a

Cf Airfreight Corporation, that resulted from or related to the Debtors' delivery of freight ("Freight Delivery"), including, without limitation, Claims based upon damages to cargo being delivered, delays in delivery, merchandise not delivered or delivered in insufficient amounts or other problems with delivery, including freight picked up by the customer short of the destination point which arose during the period **from the Petition Date through (and including) October 31, 2002**, to file a written proof of such Claim with the Court and the Debtors that substantially conforms to the form attached to this notice or is otherwise in conformity with Official Form No. 10 (which is available on the Court's website, www.cacb.uscourts.gov) by sending an original proof of claim and one photocopy to:

(if by U.S. mail)
Consolidated Freightways
Poorman-Douglas Corporation
P.O. Box 872
Riverside, CA 92502

or

(if by hand delivery or overnight mail)
Consolidated Freightways
Office of the Clerk
U.S. Bankruptcy Court
3420 Twelfth Street
Riverside, CA 92501

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on or before 4:00 p.m. (Prevailing Pacific Time) on February 7, 2003 (the "Bar Date"). Such proofs of Claim shall only be deemed timely filed if they are actually received by the Court on or before the Bar Date.

AS USED HEREIN, THE TERM "CLAIM" MEANS (A) RIGHT TO PAYMENT, WHETHER OR NOT SUCH RIGHT IS REDUCED TO JUDGMENT, LIQUIDATED, UNLIQUIDATED, FIXED, CONTINGENT, MATURED, UNMATURED, DISPUTED, UNDISPUTED, LEGAL, EQUITABLE, SECURED OR UNSECURED; OR, (B) RIGHT TO AN EQUITABLE REMEDY FOR BREACH OF PERFORMANCE IF SUCH BREACH GIVES RISE TO A RIGHT TO PAYMENT, WHETHER OR NOT SUCH RIGHT TO AN EQUITABLE REMEDY IS REDUCED TO JUDGMENT, FIXED, CONTINGENT, MATURED, UNMATURED, DISPUTED, UNDISPUTED, SECURED OR UNSECURED.

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
RIVERSIDE DIVISION

In re CONSOLIDATED FREIGHTWAYS CORPORATION OF DELAWARE, et al., Debtors. Fed. Tax I.D. No. 94-1444797	Case No.: RS 02-24284 MG Chapter 11 (Jointly Administered with Case Nos. RS 02-24287 MG, RS 02-24289 MG, RS 02-24293 MG, RS 02-24294 MG and RS 02-24295 MG) Judge: Hon. Mitchel R. Goldberg

NOTICE OF BAR DATE REQUIRING FILING OF PROOFS OF CLAIM AGAINST DEBTORS ON OR BEFORE FEBRUARY 7, 2003 AT 4:00 P.M. (PACIFIC TIME)

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TO ALL PERSONS AND ENTITIES WITH POTENTIAL CLAIMS AGAINST THE FOLLOWING DEBTORS:

Consolidated Freightways Corporation of Delaware, Case No. RS 02-24284 MG
Consolidated Freightways Corporation, Case No. RS 02-24289 MG
CF Airfreight Corporation, Case No. RS 02-24287 MG
CF MovesU.com Incorporated, Case No. RS 02-24293 MG
Leland James Service Corporation, Case No. RS 02-24294 MG
Redwood Systems, Inc., Case No. RS 02-24295 MG

PLEASE TAKE NOTICE that on October 29, 2002, the United States Bankruptcy Court for the Central District of California, Riverside Division (the "Court") entered an order (the "Bar Date Order") in the above-captioned chapter 11 cases (the "Cases") requiring all persons and entities, EXCEPT AS INDICATED BELOW, that assert (i) a Claim (as defined below) against the entities listed above (collectively, the "Debtors") which arose prior to **September 3, 2002** (the "Petition Date") or (ii) a Claim against the Debtors, other than

Latham & Watkins 633 West Fifth St., Suite 4000 Los Angeles, CA 90071	Claimant Services 877-647-5873

Meeting of Creditors

Date:	**January 16, 2003 at 10:00 a.m.**	**Location:**	**Riverside Marriott Grand Ballroom 3400 Market Street Riverside, California 90071**

Deadline to File a Proof of Claim

February 7, 2003

Creditors May Not Take Certain Actions

The filing of the bankruptcy cases automatically stays certain collection and other actions against the debtors and the debtors' property. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

Address of the Bankruptcy Clerk's Office: U.S. Bankruptcy Court 3420 Twelfth Street Riverside, CA 92501 Telephone number: (909) 774-1000	**For the Court:** Clerk of the Bankruptcy Court Jon D. Ceretto Date: December 9. 2002
Hours Open: 9:00 am - 4:00 pm	

Form F9631

UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

Notice of Chapter 11 Bankruptcy Cases, Meeting of Creditors and Deadlines

Chapter 11 bankruptcy cases concerning the debtor corporations listed below were filed on September 3, 2002.

You may be a creditor of one or more of the debtors or if you are a lawfirm, you represent an entity that may be a creditor of one or more of the debtors. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in these cases may be inspected at the bankruptcy clerk's office at the address listed below.

NOTE: the staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side for Important Explanations

Debtor (name(s) and address):	Case Number:	Taxpayer ID Nos.:
CONSOLIDATED FREIGHTWAYS CORPORATION OF DELAWARE Address: 11888 Mission Blvd., Mira Loma, CA 91752	Case: 02-24284-MG	Tax ID: 94-1444797
CONSOLIDATED FREIGHTWAYS CORPORATION Address: 16400 SE CF Way, Vancouver, WA 98683	Case: 02-24289-MG	Tax ID: 77-0425334
REDWOOD SYSTEMS, INC. Address: 16400 SE CF Way, Vancouver, WA 98683	Case: 02-24295-MG	Tax ID: 94-3262817
LELAND JAMES SERVICE CORPORATION Address: 16400 SE CF Way, Vancouver, WA 98683	Case: 02-24294-MG	Tax ID: 77-0381974
CF AIRFREIGHT CORPORATION Address: 16400 SE CF Way, Vancouver, WA 98683	Case: 02-24287-MG	Tax ID: 93-1294381
CF MOVESU.COM INC. Address: 16400 SE CF Way, Vancouver, WA 98683	Case: 02-24293-MG	Tax ID: 91-2173020

Attorney for Debtors (name and address):	Telephone Number:
Michael S. Lurey, Esq. Latham & Watkins	Consolidated Freightways Claimant Services

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general unsecured claim.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

☐ Real Estate

☐ Motor Vehicle

☐ Other_____

Value of collateral: $[ ][ ][ ],[ ][ ][ ][ ].[ ][ ]

Amount of arrearage and other charges at time case filed included in secured claim above, if any:

$[ ][ ][ ],[ ][ ][ ][ ].[ ][ ]

6. UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority: $[ ][ ][ ],[ ][ ][ ][ ].[ ][ ]

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to $4,650), earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier - 11 U.S.C.§ 507(a)(3)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)

☐ Up to $2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)

☐ Alimony, maintenance or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7)

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)_____

** Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

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7. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim claimant has deducted all amounts that claimant owes to the debtor.

8. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and an additional copy of this proof of claim.

THE ORIGINAL OF THIS COMPLETED PROOF OF CLAIM (PLUS ONE COPY OF THE SAME) MUST BE SENT BY MAIL OR HAND DELIVERY SO THAT IT IS ACTUALLY RECEIVED ON OR BEFORE 4:00 P.M. PREVAILING PACIFIC TIME ON FEBRUARY 7, 2003.

THIS SPACE FOR COURT USE ONLY

BY MAIL TO:
CONSOLIDATED FREIGHTWAYS
C/O POORMAN-DOUGLAS CORPORATION
P.O. BOX 872
RIVERSIDE, CA 92502

BY HAND OR OVERNIGHT DELIVERY TO:
CONSOLIDATED FREIGHTWAYS
OFFICE OF THE CLERK
U.S. BANKRUPTCY COURT
3420 TWELFTH STREET
RIVERSIDE, CA 92501

NED:

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach power of attorney, if any).

resenting fraudulent claim is a fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

F9451

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
RIVERSIDE DIVISION

PROOF OF CLAIM

Debtor Name:
CONSOLIDATED FREIGHTWAYS
CORPORATION OF DELAWARE

Case Number:
02-24284-MG

YOUR CLAIM IS SCHEDULED AS:

UNSECURED NON-PRIORITY
$0.00
CONTINGENT
UNLIQUIDATED
DISPUTED

SCH#1872 V#8133131117-000

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:

0224284 195981 J03027B12 S#0028146
ST SMITH
843 LINDENWOOD DR
PITTSBURG, PA 15234

Creditor Telephone Number ( ) -

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

If there is an amount shown, you have a claim scheduled as shown.
If you agree with the amount scheduled by the Debtor and have no other claim against the Debtor, you do not need to file this proof of claim except as stated below.

If the amount is shown as disputed, unliquidated or contingent, a proof of claim should be filed. If you have already filed a proof of claim with the Bankruptcy Court you need not file again.

CREDITOR TAX I.D. #:

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated: (mm/dd/yy)

1. BASIS FOR CLAIM

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)

Your social security number - -

Unpaid compensation for services performed from (mm/yy) to (mm/yy)

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2. DATE DEBT WAS INCURRED: mm/dd/yyyy

3. IF COURT JUDGMENT, DATE OBTAINED: mm/dd/yy

4. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: $, , , .

If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below; otherwise your claim will be deemed a general unsecured claim.

CF AirFreight Corporation, that resulted from or related to the Debtors' delivery of freight ("Freight Delivery"), including, without limitation, Claims based upon damages to cargo being delivered, delays in delivery, merchandise not delivered or delivered in insufficient amounts or other problems with delivery, including freight picked up by the customer short of the destination point which arose during the period **from the Petition Date through (and including) October 31, 2002**, to file a written proof of such Claim with the Court and the Debtors that substantially conforms to the form attached to this notice or is otherwise in conformity with Official Form No. 10 (which is available on the Court's website, www.cacb.uscourts.gov) by sending an original proof of claim and one photocopy to:

(if by U.S. mail)
Consolidated Freightways
Poorman-Douglas Corporation
P.O. Box 872
Riverside, CA 92502

or

(if by hand delivery or overnight mail)
Consolidated Freightways
Office of the Clerk
U.S. Bankruptcy Court
3420 Twelfth Street
Riverside, CA 92501

on or before 4:00 p.m. (Prevailing Pacific Time) on February 7, 2003 (the "Bar Date"). Such proofs of Claim shall only be deemed timely filed if they are actually received by the Court on or before the Bar Date.

AS USED HEREIN, THE TERM "CLAIM" MEANS (A) RIGHT TO PAYMENT, WHETHER OR NOT SUCH RIGHT IS REDUCED TO JUDGMENT, LIQUIDATED, UNLIQUIDATED, FIXED, CONTINGENT, MATURED, UNMATURED, DISPUTED, UNDISPUTED, LEGAL, EQUITABLE, SECURED OR UNSECURED; OR, (B) RIGHT TO AN EQUITABLE REMEDY FOR BREACH OF PERFORMANCE IF SUCH BREACH GIVES RISE TO A RIGHT TO PAYMENT, WHETHER OR NOT SUCH RIGHT TO AN EQUITABLE REMEDY IS REDUCED TO JUDGMENT, FIXED, CONTINGENT, MATURED, UNMATURED, DISPUTED, UNDISPUTED, SECURED OR UNSECURED.

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
RIVERSIDE DIVISION

In re	Case No.: RS 02-24284 MG
CONSOLIDATED FREIGHTWAYS CORPORATION OF DELAWARE, et al.,	Chapter 11
Debtors.	(Jointly Administered with Case Nos. RS 02-24287 MG, RS 02-24289 MG, RS 02-24293 MG, RS 02-24294 MG and RS 02-24295 MG)
Fed. Tax I.D. No. 94-1444797	Judge: Hon. Mitchel R. Goldberg

NOTICE OF BAR DATE REQUIRING FILING OF PROOFS OF CLAIM AGAINST DEBTORS ON OR BEFORE FEBRUARY 7, 2003 AT 4:00 P.M. (PACIFIC TIME)

99

TO ALL PERSONS AND ENTITIES WITH POTENTIAL CLAIMS AGAINST THE FOLLOWING DEBTORS:

Consolidated Freightways Corporation of Delaware, Case No. RS 02-24284 MG
Consolidated Freightways Corporation, Case No. RS 02-24289 MG
CF Airfreight Corporation, Case No. RS 02-24287 MG
CF MovesU.com Incorporated, Case No. RS 02-24293 MG
Leland James Service Corporation, Case No. RS 02-24294 MG
Redwood Systems, Inc., Case No. RS 02-24295 MG

PLEASE TAKE NOTICE that on October 29, 2002, the United States Bankruptcy Court for the Central District of California, Riverside Division (the "Court") entered an order (the "Bar Date Order") in the above-captioned chapter 11 cases (the "Cases") requiring all persons and entities, EXCEPT AS INDICATED BELOW, that assert (i) a Claim (as defined below) against the entities listed above (collectively, the "Debtors") which arose prior to **September 3, 2002** (the "Petition Date") or (ii) a Claim against the Debtors, other than

Latham & Watkins 633 West Fifth St., Suite 4000 Los Angeles, CA 90071	Claimant Services 877-647-5873

Meeting of Creditors

Date:	**January 16, 2003 at 10:00 a.m.**	**Location:**	**Riverside Marriott Grand Ballroom 3400 Market Street Riverside, California 90071**

Deadline to File a Proof of Claim

February 7, 2003

Creditors May Not Take Certain Actions

The filing of the bankruptcy cases automatically stays certain collection and other actions against the debtors and the debtors' property. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

Address of the Bankruptcy Clerk's Office: U.S. Bankruptcy Court 3420 Twelfth Street Riverside, CA 92501 Telephone number: (909) 774-1000	For the Court: Clerk of the Bankruptcy Court Jon D. Ceretto Date: December 9. 2002
Hours Open: 9:00 am - 4:00 pm	

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UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

Notice of Chapter 11 Bankruptcy Cases, Meeting of Creditors and Deadlines

Chapter 11 bankruptcy cases concerning the debtor corporations listed below were filed on September 3, 2002.

You may be a creditor of one or more of the debtors or if you are a lawfirm, you represent an entity that may be a creditor of one or more of the debtors. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in these cases may be inspected at the bankruptcy clerk's office at the address listed below.

NOTE: the staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side for Important Explanations

Debtor (name(s) and address):	Case Number:	Taxpayer ID Nos.:
CONSOLIDATED FREIGHTWAYS CORPORATION OF DELAWARE Address: 11888 Mission Blvd., Mira Loma, CA 91752	Case: 02-24284-MG	Tax ID: 94-1444797
CONSOLIDATED FREIGHTWAYS CORPORATION Address: 16400 SE CF Way, Vancouver, WA 98683	Case: 02-24289-MG	Tax ID: 77-0425334
REDWOOD SYSTEMS, INC. Address: 16400 SE CF Way, Vancouver, WA 98683	Case: 02-24295-MG	Tax ID: 94-3262817
LELAND JAMES SERVICE CORPORATION Address: 16400 SE CF Way, Vancouver, WA 98683	Case: 02-24294-MG	Tax ID: 77-0381974
CF AIRFREIGHT CORPORATION Address: 16400 SE CF Way, Vancouver, WA 98683	Case: 02-24287-MG	Tax ID: 93-1294381
CF MOVESU.COM INC. Address: 16400 SE CF Way, Vancouver, WA 98683	Case: 02-24293-MG	Tax ID: 91-2173020
Attorney for Debtors (name and address):	**Telephone Number:**	
Michael S. Lurey, Esq. Latham & Watkins	Consolidated Freightways	

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Power?

A. Yes.

Q. And those were the same boxes that the bathtub was on top of?

A. No. The poison was to O.C. Clauss. It was loaded in front, --- there was another shipment, --- I had a shipment for Clauss Lumber, C & C Lumber, West Penn Power, R.E. Michaels. I don't know where the other stops went. Those are the four stops that were within the presence of me.

Q. Let me back up here. First you unloaded a bathtub ---

17a

JUDGE VALLELY:

I understand that. We're getting off the track here. Mr. Ludin, why don't you ask him some specific questions.

BY ATTORNEY LUDIN:

Q. On this particular day, you said you had a bill that had some hazardous products ---.

JUDGE VALLELY:

Just relax. We have plenty of time.

BY ATTORNEY LUDIN:

Q. Were there hazardous products contained in the boxes that you were delivering to West Penn

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Q. Spell his last name?

A. I don't know. I don't know, I call him Frank. His last name begins with a B.

Q. What did you do with your cartons that were on your truck? Deliver them or did you leave them there?

A. No. The one carton sitting on the floor, and the other two cartons still sitting on the pallet was on top of six furnaces for R.E. Michaels. There was like three furnaces this way (indicating), three that way (indicating), and

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A. I felt like a rush went down my throat. It felt like it was burning. I just couldn't believe it, you know. And I just couldn't --- even though I was leaving the carton, I ran out of the trailer.

Q. After you ran out of the trailer, what did you do?

A. I was there talking to somebody, and I said I better call management. I said to the guy --- they should not have been loaded on the truck, it looks like poison. At that point, I called up the terminal.

Q. Who did you talk to at the terminal?

A. Frank Bazacheck (phonetic).

pulled to door shut. And I pulled away from ---
dock and was sitting on the other side.
Q. You pulled your truck away from the dock?
A. Yes, I did.
Q. Did you sit in the cab or did you get out of the truck?
A. I went back and I sat ---.
Q. Let me finish my question. Did you sit in the truck or did you get out?
A. I got out of the cab.
Q. Where did you go?
A. I went back to the receiving office at West

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22a

there was a pallet on top of them. So I called up Frank Bazacheck and I told him that I thought I came across something poisonous on the trailer. And I asked him what I should do.

Q. What did he tell you?

A. He said, just stand by, and I'll call you back.

Q. Did he?

A. Yes, he did. But in the meantime, West Penn Power only has one little shipping dock. They only have one dock in the morning. So the tow motor operator from West Penn Power, he took the pallet down and set it down on the floor. And I [illegible] away from the

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A. I felt a little bit nauseous.

Q. Nauseous.

A. And light headed.

Q. Did somebody from your company ultimately come or did Frank send somebody?

A. Mr. Bazacheck called me back.

Q. What did he tell you?

A. He told me to secure the poison and bring it back to the terminal.

Q. Did you do that?

A. Yes, I did.

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23a

Penn Power waiting for Mr. Bazacheck's call. I wasn't feeling too good, but I figured --- these people have these books down there at West Penn Power. And they said fresh air for poison. Fresh air would be good.

Q. Besides the sensation in your throat, did you have any other --- when you breathed this material?

A. I just --- like I said it hit me. And I was like I didn't feel right. And I just left the trailer. And like I said, I went back and ---.

Q. Just answer my question. Besides the burning sensation in your throat, were you experiencing any other symptoms?

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Q. You have been seen by a number of other physicians some of whom we have not mentioned. Are you currently treating?

A. Yes, I am.

Q. As a result of this poison leaking, was there a citation issued by OSHA or anyone else ---?

ATTORNEY COTTONE:

I object to the form of that question.

JUDGE VALLELY:

What's the objection?

ATTORNEY COTTONE:

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24a -

I didn't eat that much. And I was laying in bed and I started to regurgitate.

Q. You didn't consult a doctor then?

A. No, I didn't. I come to work the next day. I turned in a --- I filled out a report. I said I wasn't feeling good. Maybe the fresh air would pass it.

Q. Once you saw this physician at St. Francis you said ---

A. Correct.

Q. --- on April 12th, you have not return to work; is that correct?

A. No, I haven't.

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who you have been treated by, who were the physicians that have seen you in addition to the initial doctor that the company sent you to at St. Francis?

A. I went back Monday to a Dr. Fortunato.

Q. Dr. Fortunato is located where?

A. Saint Francis HAPPI Program.

Q. Have you also been seen by Dr. Nellhaus?

A. Nellhaus.

Q. He is a pulmonary specialist; is that correct?

A. Right.

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25a-

Poison leaking. I mean that is at a contention at this point.

ATTORNEY LUDIN:

I will strike the word poison.

BY ATTORNEY LUDIN:

Q. As a result of this incident that took place on your truck, was any citation issued?

A. OSHA, I called OSHA. And I took a copy of the bill I had that said it was damaged.

Q. With regard to your physical condition, and again we have medical records and I'll submit those. I don't want you to tell us anything that the doctor told you. I just want you to tell us

it burns and stings. And the first night that it happened, I had regurgitation. And I took Rolaids and Tums with Calcium, and it seemed to calm it down some. I have a sour taste and it's never left as far as eating something or --- coffee, it's bitter. If I put a toothpick in my mouth, it's bitter. And it just has never gone away. I'm being treated now with medication.

Q. What type of medication?

A. I have two different inhalers for asthma. And then he gave me a small pill that supposed to --- it makes me like mean and irritable and tired.

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26a

Q. He's located at Mercy Hospital?
A. Correct.
Q. Who sent you to Dr. Nellhaus?
A. Dr. Frey.
Q. Is Dr. Norman Frey your family physician?
A. Yes, he is.
Q. Have you ever experienced shortness of breath or nausea of this type prior to February of 1996?
A. No, I haven't.
Q. Are those the only symptoms or are there other symptoms that you have experienced?
A. I've had a sour taste in my mouth since that. I can't drink a beer or alcoholic beverage because

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A. No, I haven't.

Q. Did you ever have shortness of breath before this?

A. No, I haven't.

Q. Are you a smoker?

A. No. I haven't smoke since 1968.

Q. What did Dr. Frey see you for prior to this incident?

A. I had problems with my rectum. Constipation and I had a rectum check or something. And Dr. Cassaly (phonetic) told me I had bad eating habits. I should try to eat at the same time

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So he reduced them, and I take two a day now. I don't know what the medication is called.

Q. Today is July 25th, so it's been over three months since you last worked. What is it that prevents you from performing your regular work as a truck driver/ salesperson?

A. The shortness of breath. And like, I'll be doing something strenuous, and I just get short of breath. I feel like I just can't perform my duties. And I take this medication that you can't drive with because it causes drowsiness.

Q. Have you ever take this medication before this?

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With that being said, before we conclude today, Your Honor, I'm not quite sure about his first defense. I don't anticipate having to bring in an expert to testify about this product, unless I'm instructed to. I mean, if I have submit the records showing that this was in fact the product on the truck, I will. I guess what I need is clarification. Is the Defendant indicating that this product was not on truck or that the chemical was not leaking?

ATTORNEY COTTONE:

We just received the file.

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JUDGE VALLELY:

Is the Defendant/Employer still denying that he was exposed to Trichloroethylene?

ATTORNEY COTTONE:

I think our defense is twofold, Your Honor. At this point, there are facts which show that it's inconclusive whether or not he was exposed to Trichloroethylene. I'm also asserting that in the alternative if he was exposed that could not cause his complaints or his disability.

JUDGE VALLELY:

All right.

ATTORNEY LUDIN:

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have identified it as hazardous materials as well as labeling of the drums.

* * * * * * * * *

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29 a

It's very early. There are some facts that have been relayed to me that there was an inspection of the packages that was done after the truck was returned to the terminal, that demonstrated that the packages were not damaged.

JUDGE VALLELY:

Then you two gentlemen talk about that, because obviously OSHA issued a citation.

ATTORNEY COTTONE:

Yes, Your Honor, I'd like to clarify for the record that the citation is not for the damaged product rather for a failure to

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as labeling of the drums.

* * * * * * * * *

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It's very early. There are some facts that have been relayed to me that there was an inspection of the packages that was done after the truck was returned to the terminal, that demonstrated that the packages were not damaged.

JUDGE VALLELY:

Then you two gentlemen talk about that, because obviously OSHA issued a citation.

ATTORNEY COTTONE:

Yes, Your Honor, I'd like to clarify for the record that the citation is not for the damaged product rather for a failure to have identified it as hazardous materials as well

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Before: Kathleen Vallely

Workers' Compensation Judge

Hearing: November 13, 1996

933 Penn Avenue

Fourth Floor

Pittsburgh, PA 15222

* * * * * * * * *

REPORTER: MARGARET K. CLARK

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EXHIBIT 23

30a

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF LABOR AND INDUSTRY

BUREAU OF WORKERS' COMPENSATION

PITTSBURGH

* * * * * * * * * *

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STEVEN SMITH,	*	
Claimant	*	S.S. # 192-28-2964
	*	WCOD
VS.	*	
	*	
CONSOLIDATED FREIGHTWAYS,	*	
Employer	*	

* * * * * * * * * *

asked me initially about with his report, September 26th referred Doctor Nellhaus. Can I also at this time, you know, preserve my right to raise a hearsay objection if we go for greater than a year?

JUDGE VALLELY:

Yes. All right. But there's no hearsay objection to Claimant's Exhibit Six. And the parties may either --- it may be that this will turn out to be a claim for less than 52 weeks, in which case all reports are admissible. The other option is that even if it

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JUDGE VALLELY:

With his attached Curriculum Vitae is marked Defendant's Exhibit A.

JUDGE VALLELY:

Any objections?

ATTORNEY LUDIN:

Your Honor, I'll just note an objection on the basis of hearsay. Again, I'm not sure if we're going beyond the one-year period or not. If we're not, then I'll just withdraw the objection.

ATTORNEY COTTONE:

Your Honor, I know you had

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consultants. And is there any objection to that exhibit?

ATTORNEY LUDIN:

No, no objection to Doctor Nellhaus.

JUDGE VALLELY:

And Defendant's Exhibit B is admitted. Defendant's Exhibit C are medical records from Norman J. Frye.

ATTORNEY COTTONE:

For the record, Your Honor, the Claimant testified on Direct that he's still

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is a claim for more than 52 weeks, the parties may agree to waive their hearsay objections and agree to proceed on the reports.

ATTORNEY COTTONE:

Yes. I believe, Your Honor, that if this is going to be a claim for more than a 52-week period, we'll move forward with the medical testimony of, and present the medical testimony of Doctor Guzzardi.

JUDGE VALLELY:

All right. Defendant's Exhibit B are records from Kurt M. Nellhaus, N-E-L-L-H-A-U-S. I have critical care pulmonary

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HISTORY: This 59 year old white male was referred to me on May 28, 1996 by Dr. Norman Frey after a possible inhalation injury.

The patient apparently inhaled a vapor on a loading dock on February 28, 1996. Apparently he was moving some jacuzzi tubs and in the vicinity was a box of four open pails as he describes it and these pails apparently contained the chemical, trichloroethane. These containers were damaged and leaking. A Department of Labor OSHA inspection on March 19, 1996 revealed that three boxes of trichloroethane, one box which was damaged, came into contact to the patient and identified no OSHA violations.

After the patient's exposure, the patient had increased cough, especially at night some nausea and vomiting immediately after the exposure as well as shortness of breath. These symptoms with the exception of nausea and vomiting persisted until April 12, 1996, when he decided to see a physician at the emergency room of St. Francis Central Hospital. He was given proventil and Azmacort inhalers as well as Entex. Apparently, he developed confusion and irritability with the Entex and this was discontinued as well as the other medications. He initially felt that the inhalers made

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ffrey M. Rothschild, M.D., F.C.C.P., F.C.C.M.
itical Care Consultant
rect Paging: 572-0000

Kurt M. Nellhaus, M.D., F.C.C.P.
Critical Care Consultant and Pulmonary Specialist
Direct Paging: 572-2222

September 24, 1996

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Gary Ludin
Attorney at Law
Suite 1302
Grant Building
Pittsburgh, PA 15219

RE: MEDICAL REVIEW
Steven Smith

My initial impression was that he may have had an airway injury secondary to trichloroethane exposure and I administered a short course of corticosteroids. He received a Medrol dosepack and this did not alleviate his symptoms. He continued to complain of a bitter taste in his mouth and dyspnea and cough. Subsequently, I performed an upper GI series was performed which revealed a hiatus hernia perhaps explaining some of his gastroesophageal symptoms. In addition, I performed a fiberoptic bronchoscopy on 6/19/96 to rule out significant anatomic inhalation injury. There were some minimal inflammatory changes and bronchial biopsies of the left lower lobe revealed a nonspecific chronic bronchitis. Cytology for malignant cells, acid-fast bacilli and cultures were negative. Post-bronchoscopy, I placed him on antibiotics.

The patient returned for follow up after being on the antibiotic and on a corticosteroid inhaler and his symptoms improved. I saw him again in follow on 7/16/96 and his improvement continued. Finally, I saw him in follow up on 9/16/96 and he has been essentially asymptomatic from that point on.

My impression has been and continues to be that this gentleman has reactive airway's dysfunction, possibly precipitated by trichloroethane.

RE: MEDICAL REVIEW
Steven Smith

him worse. He was given a follow up with Dr. Fortunato at the HAPPI Program at St. Francis Central Hospital. Apparently a cardiogram, cardiac stress test and a PFT were obtained. Subsequently, the patient was referred to Dr. Frey and then referred here to my office. His symptoms have continued, mainly to be shortness of breath, a bitter taste in his mouth when eating and a cough productive of whitish sputum. He has not had hemoptysis, visual or eye complaints, joint complaints, neurologic problems or skin complaints. While initially he denied heart burn, it became evident that this was a significant symptom on subsequent visits to my office.

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His past medical history includes herniorrhaphy in 1970 and hemorrhoidectomy in the 1960's. He had smoking in March, 1968, and had no recent travel other than to Mexico in January, 1996.

His physical examination on his first presentation revealed a 210 lb. man with stable vital signs in no apparent respiratory distress. His speech was somewhat pressured and anxious. His lungs were clear. The heart examination was normal and the extremities were unremarkable. There were no neurological deficits noted. A pulmonary function study was normal and gave no evidence of airway's obstruction. A diffusion capacity with not performed and finally his chest x-ray was completely normal.

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60/12

RE: MEDICAL REVIEW
Steven Smith

DISCUSSION: There is no authoritative reference to turn to define the pulmonary toxicity associated with trichloroethane. Case reports do exist but are rare. There has been a case of acute pneumonia associated with eosinophilic infiltration of the lung in one case report although this is not the presentation of this particular individual. (Ann Allergy 1993;71:338-9). A retrospective review of trichloroethane aerosol inhalation. (General Toxicology 1996;36:25-6) reported obstructive disease in several patients. I can say with a reasonable degree of medical certainty that the exposure of this chemical was temporally related to the onset of this patient's respiratory complaints. The exposure did subject the patient to a period of disability; I would not expect this disability to be permanent, however.

Sincerely,

Kurt M. Nellhaus, M.D.

KMN:lif

2)Medical Records

Records of Critical Care/Pulmonary Consultants
Records of Norman Frey
Records of Health Assistance Program
Records of St. Francis Medical Center
Records of University of Pittsburgh

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As you know, I have been an Emergency Physician for 20 years and during that time have participated in the care of approximately 200,000 patients. In addition, I am a board certified toxicologist and former chairman of the Toxicology Committee of the American College of Emergency Physicians. I have lectured nationally on topics related to toxicology. I have written both articles and textbook chapters on various subjects in toxicology. Relevant to this matter, I co- authored an article on toxic pulmonary problems related to the toxins produced in fires. This article, a copy of which is enclosed, reviews possible pulmonary problems to various chemicals. In addition, I have been

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LAWRENCE J. GUZZARDI, M.D., M.B.A.

Kevin Cottone, Esq.
Marshall, Farrell, Ricci, Smith & Haddick
1323 N. Front Street
Harrisburg, Pa. 17102

October 26, 1996

Re: Smith v. Consolidated Freightways

Dear Mr. Cottone,

Thank you for asking me to formulate an opinion in the above- referenced matter. In this regard, I have reviewed the following materials:

1)Workers' Compensation Records
- Employer's Report
- Statement of Injury
- Supervisor's Report
- Claim Petition

Two chlorinated hydrocarbons very closely related to trichloretnane were used for years in anesthesia. Chloroform and trichloretheylene, which differ only minimally from trichlorethane were routinely administered for many years until discontinued when even more favorable anesthetics became available. These anesthetic agents were delivered directly to the pulmonary bronchi! And they produced virtually no pulmonary problems and certainly not the type found in this case.

Had Mr. Smith suffered pulmonary injury secondary to trichlorethane exposure, there would have been objective evidence of such injury, either initially or at the time of the patient's pulmonary evaluation. Of course, no such medical evidence exists.

The patient's symptoms such as persistent bad taste, shortness of breath, cough and throat burning sensation, either collectively or individually, are much more likely to have resulted from esophageal reflux due to the patient's known hiatal hernia than from any pulmonary etiology. Again, these

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consulted on literally thousands of toxicology matters since becoming board-certified in 1980. **It is my belief, as both an experienced Emergency Physician and as a toxicologist, that the types of problems claimed by Mr. Smith are in no way linked to his transient trichloroethane exposure. I would generally regard such exposures as minor and highly unlikely to produce residual symptomatology.**

There is no scientific basis to a link between transient exposure trichlorethane and either chronic bronchitis or reactive airway disease. I have reviewed the literature available on trichloroethane and can find no studies establishing such a relationship. Since trichlorethane is relatively common, and since there are numerous reports of other medical problems associated with trichlorethane exposure, the absence of any literature on this point is powerful evidence that no such association, let alone causal relationship, exists for this type of exposure.

I am enclosing with this report information regarding trichloroethane toxicity. Please note in this exhaustive review, there is not one report of the type of pulmonary problems experienced by Mr. Smith. This is because no such association exists!

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symptoms do not fit any known sequelae of trichlorethane exposure and have never been reported in the scientific literature.

The patient apparently has evidence of a silent myocardial infarction. In the extensive literature available on trichloroethane and related compounds such as the anesthetics described above, there is no evidence that trichloroethane produces myocardial infarction. Arrythmias have been reported but are not relevant to this matter. The patient's myocardial infarction may well have been related to labile hypertension.

I am available to testify by telephonic deposition on November 13, 1996 if you so desire. All my conclusions have been reached with a reasonable degree of medical certainty.

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Sincerely,

Lan Guffard